MARYLAND STATE DEPARTMENT OF HEALTH 01818

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena Rural; MARYLAND; LENGTH OF STAY (in this place) [illegible] 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] Galena; STREET ADDRESS (If rural, give location) Rural - 1/4 mile -

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| | JOSEPH | ELWOOD | ANDERSON | Feb | 19 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Colored | Single | July 4 1910 | 42 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laboring | Farming | Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Isaac Anderson | Clara Comegys |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | 214-12-6846 | George Anderson, Galena Md |

### 18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 490X Immediate cause | (a) Probable lobar pneumonia - | 5-6 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Respiratory infection | about 2 weeks |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Robert Warr | M.D. | Chestertown Md | 2-19-53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| | Feb. 22/53 | Mt Zion cemetery | Still Pond Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Feb. 21, 1953 | Elizabeth J. Mulford | B R Fellows | Still Pond Md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 25 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01819

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY Morris
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landing (Lake Hopatcong)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) E (Last) Backhaus
4. DATE OF DEATH (Month) 2 (Day) 8 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 16, 1905
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home & Hotel
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leopold Weber
14. MOTHER'S MAIDEN NAME Wilhelmine Rogge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr. Adolph Backhaus(husband) Landing N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 822X Immediate cause | (a) Possible fat embolism | 2 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Fracture of right forearm, lower 1/3 | 7 days |
| | (c) Fracture of transverse processes lumbar vertebrae | 7 days |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver & Coronary sclerosis — several yrs.

19a. DATE OF OPERATION 2/6/53
19b. MAJOR FINDINGS OF OPERATION Craniotomy, bilateral, exploratory (No hematoma found)
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway
(CITY OR TOWN) Church Hill (COUNTY) Queen Annes (STATE) Md.
TIME OF INJURY (Month) 2 (Day) 1 (Year) 1953 (Hour) Noon
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Automobile, driven by husband upset

22. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ & held an inspection of the remains on 2/8/53 ~~19~~ to ~~19~~ that I last saw the deceased alive on ~~19~~ 2/8/53, and that death occurred at 1:15 AM m., from the causes and on the date stated above.

SIGNATURE Robert W. Farr (Degree or title) ROBERT W. FARR MD, Dpty Med Examiner
ADDRESS Chestertown, Md.
DATE SIGNED 2/8/53

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF Feb. 11, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Linden, Essex Co. N. J.

DATE REC'D BY LOCAL REG. Feb. 8-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams, Chestertown, Marylan
ADDRESS Marvin V. Williams

RECEIVED
FEB 10 1992
BUREAU V. S.

01820

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sharp St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): Sharp St.

3. NAME OF DECEASED (Type or Print): (First) Lewin (Middle) Samuel (Last) Blackiston Sr.
4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 21 1878
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Waterman
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Blackiston
14. MOTHER'S MAIDEN NAME: Martha Elburn (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Lewin S. Blackiston Jr. Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334x

Immediate cause (a) Apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) High blood pressure

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14, 1953 to 2-18, 1953 that I last saw the deceased alive on 2-18, 1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE: HP Copeland (Degree or title) — ADDRESS: Chester Town Md — DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: Feb. 21 1953 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG.: 2/21/53 — REGISTRAR'S SIGNATURE: S. Elwood Burgess — 24. FUNERAL DIRECTOR: Marvin V. Williams - Chestertown — ADDRESS: Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01821

# CERTIFICATE OF DEATH

Reg. Dist. No. 2021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Water St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 202 Water St.

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) Vickers (Last) Brooks

4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 3, 1887

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harrison W. Vickers

14. MOTHER'S MAIDEN NAME: Jane B. Y. Schemmell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: P. Medford Brooks-202 Water St. (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411 X

Immediate cause (a) Pulmonary Edema — Interval between onset and death: 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Congestive Heart Failure — unknown

(c) Calcific Aortic Stenosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov. 12, 1952, to Feb. 19, 1953, that I last saw the deceased alive on Feb. 19, 1953, and that death occurred at 10:45 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Culbreth MD ADDRESS Chestertown, Maryland DATE SIGNED Feb. 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb. 21, 1953 — NAME OF CEMETERY OR CREMATORY I.U. Cemetary — LOCATION (City, town, or county) near - Chestertown, — (State) Md.

DATE REC'D BY LOCAL REG. Feb. 20-1953 — REGISTRAR'S SIGNATURE Clara L. Barnes,

24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. — ADDRESS

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FEB 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01822

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Boy (Middle) (Last) Brown
4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 2/12/53
9. AGE last birthday yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 10 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Chestertown, Md.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Thomsen Brown
14. MOTHER'S MAIDEN NAME: Mary F. Chesney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Thomsen Brown Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

774 X Immediate cause (a) Born prematurely - Due April 8 1953

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature labor brought about by unknown causes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mother is Rh positive

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1953, to 2-12, 1953, that I last saw the deceased alive on 2-12, 1953 and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE Robert Ware (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 2-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/13/53
NAME OF CEMETERY OR CREMATORY: Chester Cemetery
LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: Feb. 13-1953
REGISTRAR'S SIGNATURE: Clara L. Barnes.
24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, Md

202322283

RECEIVED
FEB 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0)1823

# CERTIFICATE OF DEATH

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: Sassafras
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Sassafras
LENGTH OF STAY (in this place) 70 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sassafras
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) IRENE (Middle) SINGLE (Last) BROWN

4. DATE OF DEATH: (Month) Feb (Day) 27 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 28/82

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Sassafras Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leander Christy

14. MOTHER'S MAIDEN NAME: Augustis Kilson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Samuel Brown (husband) Sassafras

## 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

Immediate cause (a) Krukenberger Tumor of abdomen

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) —

DUE TO

(c)

Interval Between Onset And Death: 2½ mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Heart

19a. DATE OF OPERATION: 2/12/53

19b. MAJOR FINDINGS OF OPERATION: Krukenberger Tumor

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) —

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 15, 1952, to 2/27/53, 19..., that I last saw the deceased alive on 2/26, 1953, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE J. H. Hamilton (Degree or title) M.D. ADDRESS Millington DATE SIGNED Mar. 2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Mar 4/53

NAME OF CEMETERY OR CREMATORY Sassafras Md

LOCATION (City, town, or county) (State) Sassafras Md

DATE REC'D BY LOCAL REGISTRAR March 2/1953

REGISTRAR'S SIGNATURE Edward Tilbur

24. FUNERAL DIRECTOR Austin P. Caulk ADDRESS 827 Pine St, Wilm. Del

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01821

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) L (Last) Burgess

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Aug 7, 1884

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home W/f

11. BIRTHPLACE (State or foreign country): Kent Co Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John L. Lewis

14. MOTHER'S MAIDEN NAME: Agnes Quail

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-26-3173

17. INFORMANT AND ADDRESS: S. Elwood Burgess husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia (due to nephro sclerosis) — Interval Between Onset and Death: weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Athero sclerosis — Interval Between Onset and Death: years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility present for years due to arterio sclerosis of brain

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952 to Feb 13 1953, that I last saw the deceased alive on Feb 13, 1953 and that death occurred at 4 30 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F Smith MD — ADDRESS Rock Hall, Md — DATE SIGNED Feb 16, 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Feb 16, 1953 — NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery — LOCATION (City, town, or county) (State) Rock Hall Md.

DATE REC'D BY LOCAL REG. Feb 16-1953 — REGISTRAR'S SIGNATURE S. Elwood Burgess — 24. FUNERAL DIRECTOR ADDRESS Edgar L. Lane Chunks Head Md

FEB 2 1 1933

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kentmore Park
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD Kennedyville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenndyville
STREET ADDRESS Kentmore Park (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hattie (Middle) R. (Last) Greenawalt
4. DATE OF DEATH (Month) Feb. (Day) 17 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 19, 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. H. Werle ~~Dailey~~
14. MOTHER'S MAIDEN NAME Catherine Dailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS C.S.Brown, Kennedyville, Md. (son-in-law)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 501X Immediate cause | (a) Pulmonary Edema | 1 hr |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Heart Failure | 2 hr |
| | (c) Bronchitis | 1 Wk |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ Not ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1953, to Feb 17, 1953, that I last saw the deceased alive on Feb 16 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Wulbrandsen, MD ADDRESS Chestertown, Md. DATE SIGNED Feb. 18, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-20-53
NAME OF CEMETERY OR CREMATORY Burns Hill Cemty
LOCATION (City, town, or county) (State) Waynesboro Penna
DATE REC'D BY LOCAL REG. 2/19/53
REGISTRAR'S SIGNATURE E. Kennard Jones
24. FUNERAL DIRECTOR B. R. Fellows ADDRESS Still Pond, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

01826

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15-1

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place) 48 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lynch
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) G. (Last) Griffin
4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Sept. 12, 1880 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore, Md | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Rash | 14. MOTHER'S MAIDEN NAME: Raison Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1. Immediate cause (a) Carcinoma of cecum & metastases — 12 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27, 1952, to Feb. 13, 1953, that I last saw the deceased alive on Feb. 12, 1953, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
A.C. Sick | M.D. | Chestertown, Md. | 2-14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 2/15/53 | NAME OF CEMETERY OR CREMATORY: Still Pond Cemetery | LOCATION (City, town, or county) (State): Still Pond, Md.

DATE REC'D BY LOCAL REG.: Feb. 14. 1953 | REGISTRAR'S SIGNATURE: Clara L. Barnes | 24. FUNERAL DIRECTOR: B.R. Fillows | ADDRESS: Still Pond, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1827)

# CERTIFICATE OF DEATH

Reg. Dist. No. 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) P (Last) Jeffers jr.

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Nov 14 1890 | 9. AGE Last birthday: 62 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Do not use retired): Proprietor
10b. KIND OF BUSINESS OR INDUSTRY: Retail Beer Garden
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert P Jeffers Sr.
14. MOTHER'S MAIDEN NAME: Sarah Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY No.: 218-03-7779
17. INFORMANT & ADDRESS: Clarence Jeffers Millington Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4222
Immediate cause (a) Chronic Myocarditis — DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO
(c)

Interval Between Onset And Death: 5 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to 2 Feb, 1953, that I last saw the deceased alive on 30 Jan, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Richard W Comegys M.D. | (Degree or title) | ADDRESS Clayton Delaware | DATE SIGNED 4 Feb 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb 7, 1953 | NAME OF CEMETERY OR CREMATORY Millington | LOCATION (City, town, or county) Millington (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb 5, 1953 | REGISTRAR'S SIGNATURE Edward Fellows | 24. FUNERAL DIRECTOR Edward Fellows | ADDRESS Millington Md.

2

Item 7 Film G151 3/4/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

G1528

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural, give location) Front St

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) About 2 (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 1885

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Fishing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chas. T. Johnson

14. MOTHER'S MAIDEN NAME: Mary Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4477

Immediate cause (a) History of hypertension (obtained from attending physician)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exact cause of death is unknown but probably vascular

(c)

INTERVAL BETWEEN ONSET AND DEATH: unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Robert N. Parr (Degree or title) M.D. ADDRESS: Chestertown Md DATE SIGNED: 2-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 2/26/53 NAME OF CEMETERY OR CREMATORY: Chester LOCATION (City, town, or county) (State): Chestertown, Maryland

DATE REC'D BY LOCAL REG.: 2-25-53 REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marion V. Williams ADDRESS: Chestertown, Md.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

01829

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Rural Route

3. NAME OF DECEASED (Type or Print) (First) Estella (Middle) Mae (Last) Kirby
4. DATE OF DEATH (Month) Feb. (Day) 23, (Year) 1953 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb. 12, 1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Queen Anne County Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James P. Townsend
14. MOTHER'S MAIDEN NAME Louvenia Saye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS R.F.D. Mr. C. W. Kirby Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death ½ hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

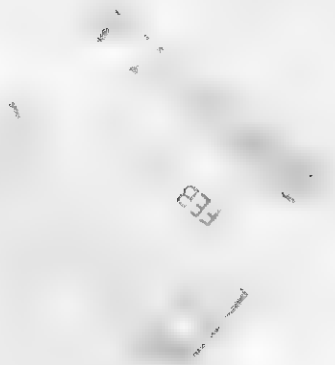
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1953, to Feb. 23, 1953, that I last saw the deceased alive on Feb. 23, 1953, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Gulbrandsen, MD. ADDRESS Chestertown, Md. DATE SIGNED Feb. 24, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 25, 1953
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown, Md. (State) Md.

DATE REC'D BY LOCAL REG. Feb. 24-1953
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS



01830

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Kent MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Kent |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 2 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown, Md. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Hosp. | STREET ADDRESS (If rural, give location) |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Danny (Middle) James (Last) McLeod | | | 4. DATE OF DEATH (Month) Feb. (Day) 23, (Year) 1953 19 | |
| 5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single | 8. DATE OF BIRTH: Feb. 21, 1953 | 9. AGE last birthday: yrs. — If under 1 year: Months, Days 2 — If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: none | | 11. BIRTHPLACE (State or foreign country): Kent Co. Maryland | 12. CITIZEN OF WHAT COUNTRY: USA |
| 13. FATHER'S NAME: James H. McLeod | | | 14. MOTHER'S MAIDEN NAME: Gladys E. Sause | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: no | | 17. INFORMANT AND ADDRESS: James H. McLeod - Rock Hall, Md. | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 X Immediate cause (a) unknown - Birth weight 3 pounds 2 oz.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Did well until about 48 hours old

(c) Mother had mild toxemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 2/21, 1953, to 2-23, 1953, that I last saw the deceased alive on 2-23, 1953, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| O. Kent Warren | M.D. | Chestertown, Md | 2-24-53 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Feb. 25, 1953 | Immanuel Cemetery | Baltimore, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Feb. 24-1953 | Clara S. Barnes | J. Willis Wells | Chestertown, Md. |

202326 1381

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 01831

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural, give location) 200 college Ave.

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) Thomas (Last) Munson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2, 1953

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 16, 1894

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (fertilizer factory)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Munson

14. MOTHER'S MAIDEN NAME: Hannah (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war, or dates of service) W.W. I

16. SOCIAL SECURITY NO. 217-07-9618

17. INFORMANT AND ADDRESS: Ernestine Murray 200 College Ave. Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure — Interval Between Onset and Death: 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1953, to 2-2, 1953 that I last saw the deceased alive on 2-2, 1953, and that death occurred at 10:00 m., from the causes and on the date stated above.

SIGNATURE: O. Hart Wann (Degree or title) M.D. ADDRESS: Chestertown Md DATE SIGNED: 2-3-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Feb. 5, 1953

NAME OF CEMETERY OR CREMATORY: Janes (col.) Cem.

LOCATION (City, town, or county) (State): near- Chestertown, Md.

DATE REC'D BY LOCAL REG.: Feb. 5-1953

REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, Md.

01832

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202.

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS High St. Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) High St. Ext.

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Columbia (Last) Newton
4. DATE OF DEATH (Month) Feb. (Day) 11 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 28, 1884
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter
10b. KIND OF BUSINESS OR INDUSTRY Kent Manuf. Co.
11. BIRTHPLACE (State or foreign country) Chestertown, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Newton
14. MOTHER'S MAIDEN NAME Kate Moore Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-03-4750
17. INFORMANT AND ADDRESS Ida M. Newton Wife-high St. Ext., Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1953, to ——, 19....., that I last saw the deceased alive on ——, 19—— and that death occurred at 3:15 p. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Wilbrandser MD ADDRESS Chestertown, Md. DATE SIGNED Feb. 13, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 15 1953
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown - Maryland
DATE REC'D BY LOCAL REG. Feb. 15, 1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Kent MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 1 day | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General | STREET ADDRESS (If rural, give location) 363616th St, N.W. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Julian | (Middle) C | (Last) Numbers | 4. DATE OF DEATH | (Month) Feb | (Day) 16 | (Year) 1953 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH June 26 1894 | 9. AGE last birthday 58 yrs. | If under 1 year Months / Days | If under 24 hrs. Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical & Executive | 10b. KIND OF BUSINESS OR INDUSTRY Western Electric Co. | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13. FATHER'S NAME Fred C. Numbers | 14. MOTHER'S MAIDEN NAME Ida Belle Godwin | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1 & 2 | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Fred C Numbers, Jr. (brother) Pittsburgh, Pa. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

872X

Immediate cause (a) Internal Chest Injuries — 1½ days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest, left side, with hemothorax — 1 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3rd degree burn, left leg — 1½ days

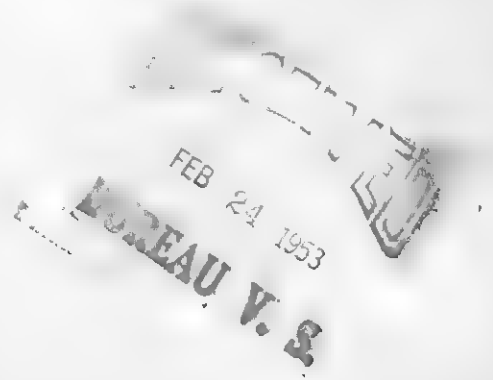
| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway between Galen & Chesterville | (CITY OR TOWN) | (COUNTY) Kent | (STATE) Md. |
| TIME OF INJURY (Month) 2 (Day) 14 (Year) 1953 (Hour) 10P m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? Deceased wrecked car which turned over and burned | | |

22. I hereby certify that I ~~attended~~ viewed the deceased from 2/14/53 & held an inspection 2/16/53, to 19 ..., that ~~I last saw~~ the deceased ~~alive~~ died on 2/16/53, 19 ..., and that death occurred at 1:50 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Robert W. Farr | ROBERT W. FARR, M.D. | Chestertown, Md. | 2/16/53 |

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Feb. 19, 1953 | NAME OF CEMETERY OR CREMATORY Millington Cemetery | LOCATION (City, town, or county) Millington | (State) Md |
| DATE REC'D BY LOCAL REG. Feb. 20-1953 | REGISTRAR'S SIGNATURE Clara S. Barnes. | 24. FUNERAL DIRECTOR Edward Fellows | ADDRESS Millington Md | |


FEB 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01531

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (In this place) 20 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 Wash. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural, give location) 121 Wash. Ave.

3. NAME OF DECEASED (Type or Print): (First) Jinge (Middle) W. (Last) Rash

4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1953

5. SEX: Male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 12 1865

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farm owner

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: (Dec'd) Matthew Rash

14. MOTHER'S MAIDEN NAME: (Dec'd) Mary E. Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: W. Howard Carter - Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 X

Immediate cause (a) Apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) High Blood Pressure

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 19[illegible], to 2-18, 1953 that I last saw the deceased alive on 2-15, 1953 and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H P Copeland Chester town Kent 2-20

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 21 1953

NAME OF CEMETERY OR CREMATORY: Chester Cemetery

LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG.: Feb. 21-1953

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marvin H. Williams

ADDRESS: Chestertown, Md.

RECEIVED
FEB 21 1953
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01835

# CERTIFICATE OF DEATH

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WALTER (Last) REIHL JR.

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 5 - 1918

9. AGE last birthday: 34 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Walter Reihl Sr.

14. MOTHER'S MAIDEN NAME: Ida Mauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-10-3912

17. INFORMANT AND ADDRESS: Mrs. Mary Reihl - Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Probably rheumatic heart disease plus atherosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

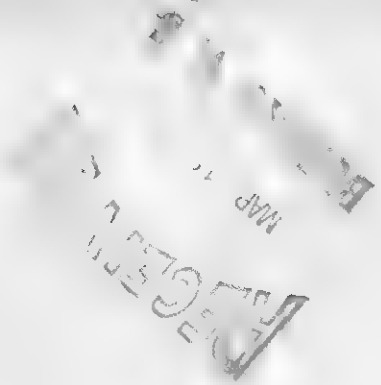
22. I hereby certify that I attended the deceased from Feb 15, 1952, to Jan 20, 1953, that I last saw the deceased alive on Jan. 20, 1953, and that death occurred at 6.05 P m., from the causes and on the date stated above.

SIGNATURE: Millard F. Smith, MD (Degree or title) ADDRESS: Rock Hall, Md DATE SIGNED: March 2, 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Mar. 2 | NAME OF CEMETERY OR CREMATORY: Chapel | LOCATION (City, town, or county): Rock Hall (State): Md.

DATE REC'D BY LOCAL REG.: March 2/53 | REGISTRAR'S SIGNATURE: Edward Burgess

24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01836

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural, give location) 210 Cross St

3. NAME OF DECEASED (Type or Print): (First) Percy (Middle) Elwood (Last) Robinson

4. DATE OF DEATH: (Month) Feb (Day) 24 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9-15-1890

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Columbus Robinson

14. MOTHER'S MAIDEN NAME: Fannie Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-32-6371

17. INFORMANT AND ADDRESS: James Robinson 210 Cross St. Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonitis — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure — 10 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aneurism of abdominal aorta — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21, 1953, to 2-24, 1953 that I last saw the deceased alive on 2-24, 1953 and that death occurred at 11 00 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS Chestertown Md DATE SIGNED 2-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 28, 1953

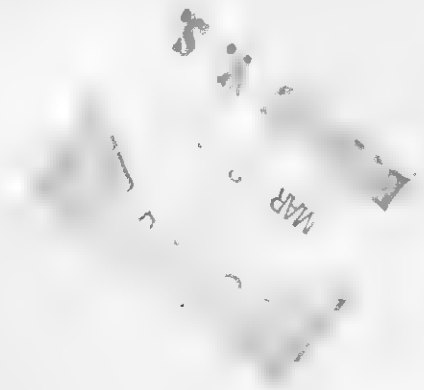
NAME OF CEMETERY OR CREMATORY: Chestertown Cemetery

LOCATION (City, town, or county) (State): Near Chestertown Maryland

DATE REC'D BY LOCAL REG.: Feb. 26-1953

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS: Marion V. Williams - Chestertown Md.



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01837

## CERTIFICATE OF DEATH

Reg. Dist. No. 2021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY: KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHESTERTOWN
LENGTH OF STAY (in this place): 1 WK
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KENT + QUEEN ANNE'S HOSP

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: MD. COUNTY: QUEEN ANNE'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL — CHURCH HILL
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED (Type or Print):** (First) IDA (Middle) R. (Last) SIMPLER

**4. DATE OF DEATH:** (Month) FEB (Day) 28 (Year) 1953

**5. SEX:** FEMALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** MARRIED

**8. DATE OF BIRTH:** Aug. 10, 1885

**9. AGE last birthday:** 67 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEWIFE

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Kent Co. Maryland

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Levi Everett

**14. MOTHER'S MAIDEN NAME:** dont know

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.): NO (If Yes, give war or dates of service): —

**16. SOCIAL SECURITY NO.:** 110

**17. INFORMANT & ADDRESS:** HOSPITAL RECORDS

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

531X

Immediate cause — (a) CEREBRAL VASCULAR ACCIDENT — Interval Between Onset and Death: 1 Week

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. BRONCHO PNEUMONIA — 10 days

**19a. DATE OF OPERATION:** —

**19b. MAJOR FINDINGS OF OPERATION:** —

**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1953, to Feb 28, 1953, that I last saw the deceased alive on Feb 28, 1953, and that death occurred at 8:12 m., from the causes and on the date stated above.

SIGNATURE: J. Fulbrandeen M.D. (DEGREE OR TITLE) ADDRESS: Chestertown, Md DATE SIGNED: 3/2/53

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF: Mar. 3, 1953 — NAME OF CEMETERY OR CREMATORY: Chester Cem. — LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: March 2 - 1953 — REGISTRAR'S SIGNATURE: Clara L. Barnes

**24. FUNERAL DIRECTOR** — ADDRESS: J. Willis Wells - Chestertown, Md.

01838

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # I

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) R.F.D. # I

3. NAME OF DECEASED (Type or Print): (First) Naomi (Middle) (Last) Stryckning
4. DATE OF DEATH: (Month) (Day) (Year) Feb. 24, 1953
5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 7/16/1884
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joshua T. Caulk
14. MOTHER'S MAIDEN NAME: Katie Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS: Arthur Stryckning — Chestertown, Md. RFD I

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebrovascular accident — 2 days

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Congestive heart failure — 2 years

(c) Hypertensive cardiovascular disease — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

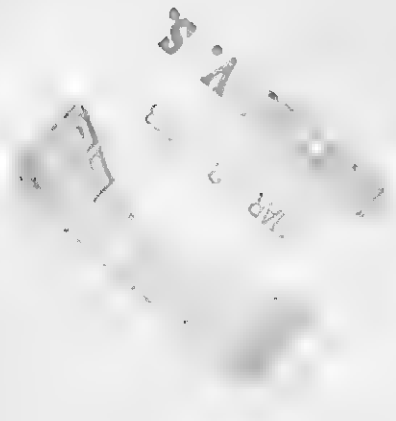
22. I hereby certify that I attended the deceased from Oct 28, 1951, to Feb 24, 1953, that I last saw the deceased alive on Feb 24, 1953, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

SIGNATURE J. Willis Wells (Degree or title) MD — ADDRESS Chestertown, Md. — DATE SIGNED Feb. 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb. 28, 1953 — NAME OF CEMETERY OR CREMATORY Morgnec (col) Cem. — LOCATION (City, town, or county) (State) near - Chestertown, Md.

DATE REC'D BY LOCAL REG. Feb 27-1953 — REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR — ADDRESS J.Willis Wells - Chestertown, Md.



01839

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Georgetown
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Georgetown Rock Hall R.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Georgetown
STREET ADDRESS (If rural, give location) Rock Hall R.D. #1

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Mansfield (Last) Wicks

4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept. 12 1887

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Rock Hall, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Wicks

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World I

16. SOCIAL SECURITY NO.: 215-20-0127(P)

17. INFORMANT AND ADDRESS: Bertha Wicks - Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.2

Immediate cause (a) Pneumonia — Several days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. /

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 53, 1953, to Feb 12, 1953, that I last saw the deceased alive on Feb 12, 1953, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) a Kister ADDRESS Rock Hall DATE SIGNED 2/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Feb. 16, 1953 — NAME OF CEMETERY OR CREMATORY Sharptown Cemetery — LOCATION (City, town, or county) (State) Rock Hall, Maryland

DATE REC'D BY LOCAL REG. 2-16-1953 — REGISTRAR'S SIGNATURE S. Elwood Burgess

24. FUNERAL DIRECTOR — ADDRESS Marion V. Wildasin - Sharptown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01840

# CERTIFICATE OF DEATH

Reg. Dist. No 2.02

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) High St.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) T (Last) Wilson, Sr.

4. DATE OF DEATH: (Month) February (Day) 16 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 30, 1883

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance foreman Penna. R.R. Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. T. Wilson

14. MOTHER'S MAIDEN NAME: Clara J. Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 717-07-9037

17. INFORMANT AND ADDRESS: Mrs. C. T. Wilson Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 36 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1953, to Feb 16, 1953, that I last saw the deceased alive on Feb 16, 1953, and that death occurred at 4:33 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F. Smith MD

ADDRESS Rock Hall, Md

DATE SIGNED Feb 16 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb. 18, 1953

NAME OF CEMETERY OR CREMATORY Chester Cemetery

LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REG. Feb. 16-1953

REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md.

ADDRESS

RECEIVED
FEB 18 1953
BUREAU V. S.

01841

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2 02

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent-Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown RFD
STREET ADDRESS (If rural, give location) Chino Farms

3. NAME OF DECEASED (Type or Print) (First) Elsie (Middle) Mae (Last) Wright
4. DATE OF DEATH (Month) Feb. (Day) 17 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 18, 1876
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME — Anderson
14. MOTHER'S MAIDEN NAME — Speary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 20 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10, 1952, to 12/17, 1953, that I last saw the deceased alive on 12/17, 1953, and that death occurred at 1:10 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Julbrandsen MD ADDRESS Chestertown Md. DATE SIGNED 2/18/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 20, 1953
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) Denton, Md. (State)

DATE REC'D BY LOCAL REG. Feb. 18-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Moore Funeral
ADDRESS Home, Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 20 1951
BUREAU V. P.